

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 91-421 421  
File 7/23/90  
Date of Application

FLOYD County

IC 31-7-9-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female  
Medical Examination or Report Dated 8/19/90  
Name of Physician C. Pickers

**MALE APPLICANT**

Name Mark A. Farris  
Date of Birth 6 Month 13 Day 1968 Year  
Place of Birth (State or foreign country) New Albany, IN  
Residence Address Rt 4 Box 166 New Albany, IN  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children: \_\_\_\_\_  
6. (a) Full name of father of dependent children: \_\_\_\_\_  
Residence of father (if deceased, so state): \_\_\_\_\_  
Birthplace of father (State or foreign country): \_\_\_\_\_  
(b) Full maiden name of mother of dependent children: \_\_\_\_\_  
Residence of mother (if deceased, so state): \_\_\_\_\_  
Birthplace of mother (State or foreign country): \_\_\_\_\_  
7. (a) Full name of applicant's father: Carl Ray Farris  
Residence of father (if deceased, so state): New Albany, IN  
Birthplace of father (State or foreign country): Kentucky  
(b) Full maiden name of applicant's mother: Georgia Rae Barnes  
Residence of mother (if deceased, so state): same  
Birthplace of mother (State or foreign country): Georgia

**FEMALE APPLICANT**

Name Gail L. Reed  
Date of Birth 8 Month 16 Day 1965 Year  
Place of Birth (State or foreign country) Lagay, IN  
Residence Address Rt 4 Box 497, New Albany, IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children: \_\_\_\_\_  
6. (a) Full name of father of dependent children: \_\_\_\_\_  
Residence of father (if deceased, so state): \_\_\_\_\_  
Birthplace of father (State or foreign country): \_\_\_\_\_  
(b) Full maiden name of mother of dependent children: \_\_\_\_\_  
Residence of mother (if deceased, so state): \_\_\_\_\_  
Birthplace of mother (State or foreign country): \_\_\_\_\_  
7. (a) Full name of applicant's father: James L. Reed  
Residence of father (if deceased, so state): 3385 Old Agency Rd, Corydon, IN  
Birthplace of father (State or foreign country): F.R.  
(b) Full maiden name of applicant's mother: Madonna Kay Wright  
Residence of mother (if deceased, so state): same  
Birthplace of mother (State or foreign country): New Albany, IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark A. Farris Date 7-23

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana Floyd ss: I swear/affirm that the information given in this application is true and correct.

X Signed Mark A. Farris

New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of July, 1990

William B. Jenks Clerk of the FLOYD Circuit Court

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gail L. Reed Date 7-23

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana Floyd ss: I swear/affirm that the information given in this application is true and correct.

X Signed Gail L. Reed

New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of July, 1990

William B. Jenks Clerk of the FLOYD Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_ Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 7/23/90, authorizing the marriage of MARK A. FARRIS and GAIL L. REED.

I further certify that the following marriage certificate was filed in my office:  
I, PAUL SWEENEY (name), certify that on 7/28/90 (date), at FLOYDS KNOBS in FLOYD County, Indiana, MARK A. FARRIS of HARRISON County, INDIANA (state), and GAIL L. REED, of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 7/28/90.

Signed by: PAUL SWEENEY, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 3/21/91 (date).

Signed WILLIAM B. JENKS Clerk

FLOYD Circuit Court